

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F01000000551

FILED
Jan 17, 2003
Secretary of State

Entity Name: MAGNET SCHOOLS OF AMERICA, INC.

Current Principal Place of Business:

733 15TH ST. NW
STE 330
WASHINGTON, DC 20005

New Principal Place of Business:

Current Mailing Address:

PO BOX 600490
NORTH MIAMI BEACH, FL 33160

New Mailing Address:

FEI Number: 76-0428386 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEIN, JUDITH
1750 N.E. 167 STREET
NORTH MIAMI BEACH, FL 33162 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CREER, DONNA G
Address: 1920 N. MAIN ST.
City-St-Zip: NORTH LITTLE ROCK, AR 72114

Title: S () Delete
Name: CASSIDY, CHARLES
Address: P O BOX 2219
City-St-Zip: HARTFORD, CT 06145

Title: T () Delete
Name: MAGNOTTA, WILLIAM
Address: P O BOX 2219
City-St-Zip: HARTFORD, CT 06145

Title: P () Delete
Name: ELLA, MARY ELLEN
Address: 901 E. KENNEDY BLVD
City-St-Zip: WARWICK, RI 028891813

Title: D () Delete
Name: BROOKS, ROBERT
Address: 145 STONEDALE ROAD
City-St-Zip: WARWICK, RI

Title: V (X) Delete
Name: CREEKMORE, DIANE
Address: 14900 ALDINE WESTFIELD RD
City-St-Zip: HOUSTON, TX 77032

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ELIA, MARYELLEN MRS
Address: 901 E KENNEDY BLVD.
City-St-Zip: TAMPA, FL 33602

Title: S (X) Change () Addition
Name: CASSIDY, CHARLES MR
Address: P O BOX 2219
City-St-Zip: HARTFORD, CT 06145

Title: T (X) Change () Addition
Name: MAGNOTTA, WILLIAM MR
Address: P O BOX 2219
City-St-Zip: HARTFORD, CT 06145

Title: VP (X) Change () Addition
Name: MARCANO, ANGELA MRS
Address: 1515 HUGHES WAY
City-St-Zip: LONG BEACH, CA 90810

Title: D (X) Change () Addition
Name: BROOKS, ROBERT G DR
Address: 145 STONEDALE ROAD
City-St-Zip: WARWICK, RI

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT BROOKS

DR

01/17/2003

Electronic Signature of Signing Officer or Director

_____ Date